

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/25/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 05/31/2012	
NAME OF PROVIDER OR SUPPLIER SUMMIT PLACE WEST				STREET ADDRESS, CITY, STATE, ZIP CODE 55 N MISSION DR INDIANAPOLIS, IN 46214			
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R0000	<p>This visit was for a State Residential Licensure Survey.</p> <p>Survey dates: May 29, 30, 31, 2012</p> <p>Facility number: 011840 Provider number: 011840 AIM number: N/A</p> <p>Survey team: Courtney Mujic, RN- TC Barb Hughes, RN (May 29, 31, 2012) Karina Gates Medical Surveyor Beth Walsh RN</p> <p>Census bed type: Residential: 59 Total: 59</p> <p>Census by payor source: Other: 59 Total: 59</p> <p>Sample: 10</p> <p>These state findings are cited in accordance with 410 IAC 16.2.</p> <p>Quality review 6/07/12 by Suzanne Williams, RN</p>		R0000	<p>Submission of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or correction set forth on the statement of deficiencies.</p> <p>This plan of correction is prepared and submitted because of requirement under state and federal law.</p> <p>Please accept this plan of correction as our credible allegation of compliance.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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R0145	<p>410 IAC 16.2-5-1.5(b) Sanitation and Safety Standards - Deficiency (b) The facility shall maintain equipment and supplies in a safe and operational condition and in sufficient quantity to meet the needs of the residents.</p> <p>Based on observation and interview, the facility failed to ensure a syringe needle was safely covered, before carrying a syringe with an exposed needle through resident common areas, for 1 random observation of an insulin injection for 1 resident. (Resident #15)</p> <p>Findings include:</p> <p>During an observation of an insulin administration for Resident #15, on 5/29/12 at 11:18 a.m., LPN #1 drew up the insulin, in a syringe, in the Second Story Resident Clinic. LPN #1 did not recap the needle after drawing up the insulin. LPN #1 then walked out of the Second Story Resident Clinic to Resident #15's room, with the needle exposed on the syringe. LPN #1 knocked on the Resident's door and there was no answer. LPN #1 proceeded to take the elevator down to the First Floor, with the syringe needle still exposed. LPN #1 walked through the hallway, from the elevator, to the Facility Lobby with the exposed syringe needle. LPN #1 then had Resident #15 follow her from the lobby to the First Floor Resident Clinic. The</p>	R0145	<p>1.The resident was not harmed. The nurse was immediately re-educated on needle safety and proper use.</p> <p>2.All residents requiring insulin administration have the potential to be affected. The non-safety syringes have been disposed of properly in a sharps disposal container. The facility now only utilizes safety needles. All nurses will be educated on the use of safety needles, (please see attachment A).</p> <p>3.As a measure to ensure ongoing compliance the DON or designee will monitor insulin injections twice weekly for one month, then weekly for one month, then monthly to ensure proper needle safety is maintained, (please see attachment B).</p> <p>4.As a means of quality assurance, the above described monitoring shall be reported to the nurse consultant on a weekly basis. Should concerns be noted, further investigation shall be conducted with disciplinary action and re-education taken as warranted.</p> <p>Addendum: Please note the amended language below, submitted in an effort to clarify the intent of the original plan of</p>		06/18/2012		

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	<p>insulin was administered to Resident #15 in the First Floor Resident Clinic.</p> <p>In an interview with LPN #1, on 5/29/12 at 11:22 a.m., she indicated that the needle she was carrying did not have a safety device and that this syringe was the only type provided, in the facility, for insulin.</p> <p>In an interview with the Clinical Director, on 5/30/12 at 2:00 p.m., he indicated that the expectation is that insulin is administered in the resident clinics and staff should not be walking around in resident common areas, with exposed needles.</p> <p>On 5/30/12 at 2:01 p.m., the Consultant for the facility indicated that she did not know they only had the syringes that LPN #1 used. She also indicated that it is an expectation for staff to not walk, in the resident common areas, with exposed syringe needles.</p>		correction: The audits described will continue to be conducted on a monthly basis. Should deficient practice be observed, immediate corrective action will be taken. As a means of quality assurance, the DON or designee will report any findings and subsequent corrective action(s) in response to the ongoing monthly observations to the Nurse Consultant. The plan of action will be revised accordingly, if warranted.				

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R0273	<p>410 IAC 16.2-5-5.1(f) Food and Nutritional Services - Deficiency (f) All food preparation and serving areas (excluding areas in residents ' units) are maintained in accordance with state and local sanitation and safe food handling standards, including 410 IAC 7-24.</p> <p>Based on observation, interview and record review, the facility failed to ensure food was prepared and handled under sanitary conditions in the kitchen, when gloved hands were touching food served to residents and at the same time touching other objects in the kitchen without changing gloves. This had the potential to affect 19 of 22 residents who were eating food served by Dietary worker #2.</p> <p>Findings include:</p> <p>During an observation on 5/29/12 at 11:50 a.m. in the kitchen, Dietary Worker #2 was observed picking up a tomato stuffed with chicken salad with gloved cupped hands, placing the food on plates to be served to residents, and opened the refrigerator door to obtain more product. This worker then returned to the food prep table and cut up more tomatoes without changing gloves.</p> <p>The plated chicken salad was observed being served to 19 of 22 residents in the dining room on 5/29/12 at 12:10 a.m.</p>	R0273	<p>1.The staff member was immediately re-educated, removed gloves, and washed hands per facility policy.</p> <p>2.All residents have the potential to be affected. All dietary staff will be re-educated on the facility's Glove Use & Meal Service policy, (please see attachment A).</p> <p>3.As a measure to ensure ongoing compliance the Dietary Manager or designee will monitor glove use during meal service daily on regularly scheduled days for one month, then twice weekly for one month, then weekly for one month, then monthly to ensure the facility's policy is followed, (please see attachment C).</p> <p>4.As a means of quality assurance, the above described monitoring shall be reported to the nurse consultant on a weekly basis. Should concerns be noted, further investigation shall be conducted with disciplinary action and re-education taken as warranted.</p> <p>Addendum: Please note the amended language below, submitted in an effort to clarify the intent of the original plan of correction: The audits described</p>		06/18/2012		

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	<p>An interview was conducted with the Dietary Manager at on 5/29/12 at 12:20 p.m., who indicated gloves should be changed when handling food and then touching any other object in the kitchen. She indicated Dietary Worker #2 was new and she would need to remind her of the proper procedures.</p> <p>The facility policy titled "Glove Use and Meal Service" was reviewed and indicated gloves may be worn during food preparation but only for single task items.</p>			<p>will continue to be conducted on a monthly basis. Should deficient practice be observed, immediate corrective action will be taken. As a means of quality assurance, the DON or designee will report any findings and subsequent corrective action(s) in response to the ongoing monthly observations to the Nurse Consultant. The plan of action will be revised accordingly, if warranted.</p>			